



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

December 12, 2006

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 E 300 North
Rigby, ID 83442

License #: RC-667

Dear Mr. Hedelius:

On November 7, 2006, a life safety code survey was conducted at Pine Brook Assisted Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

CL/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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November 15, 2006

FILE COPY

Ron Hedelius, Administrator
Pine Brook Assisted Living Center
4020 E 300 North
Rigby, ID 83442

Dear Mr. Hedelius:

On November 7, 2006, a life safety code survey was conducted at Pine Brook Assisted Living Center. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 7, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R667	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2006
NAME OF PROVIDER OR SUPPLIER PINE BROOK ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 E 300 NORTH RIGBY, ID 83442		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on November 7, 2006.</p> <p>The surveyor conducting the survey was:</p> <p>Chris Laumann Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

S2J921

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Pine Brook Assisted Living	4020 E. 301. N.	(208) 745-0100
Administrator	City	ZIP Code
Ron Hedelius	Rigby	83442
Survey Team Leader	Survey Type	Survey Date
Chris Laumann	Fire Life Safety	11/7/06

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

12/7/06

	Signature of Facility Representative